

**REPORT OF PERSON SPENDING \$5,000 OR MORE TO
INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**

(Government Code Section 86116)

1/4

**FORM 645
1993**

REPORT COVERS PERIOD FROM 04/01/2010 **THROUGH** 06/30/2010

CUMULATIVE PERIOD BEGINNING 01/01/2010

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

LOCAL ONE ISSUES COMMITTEE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

MARTINEZ

CA

94553

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Activity Expenses (Part II, Section A)	\$ <u>0.00</u>
B. Total Other Payments to Influence (Part II, Section B)	\$ <u>10000.00</u>
Total (A + B above)	\$ <u>10000.00</u>

C. Total Payments in Connection with PUC Activities (Part II, Section C)	\$ <u>0.00</u>
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CAMPAIGN CONTRIBUTIONS: ☐ Part III completed and attached

☒ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/14/2010

At (City and State)
Martinez, CA

By (Signature of Filer or Responsible Officer)
Denise Headrick

Name of Filer or Responsible Officer (Type or Print)
Denise Headrick

Title
Asst. Treasurer

PERIOD COVERED: 04/01/2010 06/30/2010

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NAME OF FILER: LOCAL ONE ISSUES COMMITTEE

PART II - PAYMENTS MADE THIS PERIOD

A. ACTIVITY EXPENSES (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity

☐ If more space is needed, check box and attach continuation sheets.

TOTAL SECTION A (Activity Expenses). Also enter the total of Section A on Line A of the Summary of Payments section on page 1. \$ 0.00

B. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

☒ NOTE: State and local government agencies do not complete this section. Check the box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: Attach Form 630.) \$ 0.00

2. OTHER PAYMENTS \$ 10000.00

TOTAL SECTION B (1 + 2). Also enter the total of Section B on Line B of the Summary of Payments section on page 1. \$ 10000.00

C. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

(See instructions on reverse.) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.

\$ 0.00

PERIOD COVERED: 04/01/2010 --06/30/2010NAME OF FILER: LOCAL ONE ISSUES COMMITTEE

PART III - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 04/01/2010--06/30/2010NAME OF FILER: LOCAL ONE ISSUES COMMITTEE

For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

Other Payments to Influence Legislative or Administrative Action:

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ 0.00
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ 0.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 0.00
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 0.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	

☐ If more space is needed, check box and attach continuation sheets.